

<i>SERFF Tracking Number:</i>	<i>UTCX-125335529</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026562</i>
<i>Company Tracking Number:</i>	<i>GL AR09293CGF01</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1010 Employment Practices Liability</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>General Liability/GL AR09293CGF01</i>		

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company		
Product Name: General Liability	SERFF Tr Num: UTCX-125335529	State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: AR-PC-07-026562
Sub-TOI: 17.1010 Employment Practices Liability	Co Tr Num: GL AR09293CGF01	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI UticaNational	Disposition Date: 11/07/2007
	Date Submitted: 10/25/2007	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: General Liability	Status of Filing in Domicile: Pending
Project Number: GL AR09293CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/07/2007	
State Status Changed: 10/26/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Our company would like to implement a new optional Small Business Employment Related Practices Liability (ERPLI) program, which provides limited coverage for certain wrongful employment practices committed by the insured. Our new declarations page, which is specific to this program, will be used with our currently filed ERPLI coverage form and endorsements. Please note that this is a claims-made coverage.

We have developed a new manual page for this program which outlines the applicable eligibility, forms and rating for this program.

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Company Tracking Number: GLAR09293CGF01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: General Liability
Project Name/Number: General Liability/GLAR09293CGF01

Company and Contact

Filing Contact Information

Linda Lape, Senior State Filings Coordinator linda.lape@uticanational.com
180 Genesee Street (315) 734-2098 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000006317	\$50.00	10/24/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/07/2007	11/07/2007

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Disposition

Disposition Date: 11/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Small Business Employment Practices Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Small Business Employment Practices Declarations	8-D-SB2636	Ed. 09-2007	Declaration New s/Schedule		0.00	8-D-SB2636.PDF



The following spaces preceded by an asterisk (*) need not be completed if this Coverage Part and the Policy have the same effective date.

**ATTACHED TO AND FORMING
PART OF POLICY NO.**

***EFFECTIVE DATE
OF COVERAGE FORM**

***ISSUED TO**

NAMED INSURED:

MAILING ADDRESS:

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

ADDRESS OF INSURED SITE:

***POLICY PERIOD: FROM**

TO

At 12:01 A.M. Standard Time at your
mailing address shown above

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SMALL BUSINESS EMPLOYMENT PRACTICES DECLARATIONS (CLAIMS-MADE BASIS)

LIMITS OF INSURANCE

EACH "CLAIM" LIMIT

\$

POLICY AGGREGATE LIMIT

\$

For Each Annual Policy Year

RETENTION AMOUNT

\$

RETROACTIVE DATE:

This insurance does not apply to a "claims" for "employment-related practices" which took place before the Retroactive Date, if any, shown above. No Retroactive Date applies if "None" appears above.

PREMIUM

Estimated Advance Premium

\$

\$

Total Estimated Advance Premium \$

OPTIONAL EXTENDED REPORTING PERIOD PREMIUM (if applicable)

In Section VII - Extended Reporting Periods, we agree to provide an Optional Extended Reporting Period of one year's duration under certain conditions.

The estimated premium for such an Optional Extended Reporting Period is:

\$

OTHER APPLICABLE FORMS AND ENDORSEMENTS †:

**

(Authorized Representative)

† Forms and endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

** Entry optional if shown in Common Policy Declarations.

THESE DECLARATIONS AND THE POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THE COVERAGE FORM WHICH PROVIDES EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE APPLIES ON A CLAIMS-MADE BASIS.

The following provides a general description of this coverage and is subject to the terms and provisions of the actual Coverage Form.

- A.** The Coverage Form provides full prior acts coverage if no Retroactive Date is entered in the Declarations. If a Retroactive Date is entered in the Declarations, the Coverage Form will not apply to "claims" for "employment-related practices" which took place before the Retroactive Date.
- B.** The Coverage Form will not apply to "claims" for "employment-related practices" for which "claim" is first made after the expiration of the "policy period" or any Automatic or Optional Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form.
- C.** The Coverage Form will apply only to "claims" which are first made:
 - 1. During the "policy period";
 - 2. During the sixty day Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form;
 - 3. During the five year Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form for "claims" arising out of "employment-related practices" reported, under the policy provisions, no later than sixty days after the end of the "policy period"; or
 - 4. During the 12 month Optional Extended Reporting Period, if purchased, described in the Extended Reporting Period Section of the Coverage Form. All coverage under the policy ceases upon termination of the policy, except for the Automatic Extended Reporting Period coverage, unless you purchase the 12 month Optional Extended Reporting Period. The Optional Extended Reporting Period must be requested by the insured in writing within the timeframe specified in the policy after the termination of coverage.
- D.** A review of the Extended Reporting Period Provisions in the Coverage Form will underscore the importance of both the Automatic and Optional Extended Reporting Periods. A potential gap in coverage may arise upon expiration of such extended reporting period coverage.

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Rate Information

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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Approved	11/07/2007
Bypass Reason:	Information will generate with new version of SERFF		
Comments:			